

Standard requests - Determination within 5 business days of receiving all necessary information.

Urgent requests - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

URGENT REQUESTS MUST BE SIGNED BY THE PHYSICIAN TO RECEIVE PRIORITY

*** Indicates Required Field**

MEMBER INFORMATION

*Medicaid/Member ID _____ Last Name, First _____ *Date of Birth (MMDDYYYY) _____

REQUESTING PROVIDER INFORMATION

*Requesting NPI _____ *Requesting TIN _____ Requesting Provider Contact Name _____
Requesting Provider Name _____ Phone _____ *Fax _____

SERVICING PROVIDER / FACILITY INFORMATION

↳ Same as Requesting Provider

*Servicing NPI _____ *Servicing TIN _____ Servicing Provider Contact Name _____
Servicing Provider/Facility Name _____ Phone _____ Fax _____

AUTHORIZATION REQUEST

*Primary Procedure Code	Additional Procedure Code	*Start Date OR Admission Date	*Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)
Additional Procedure Code	Additional Procedure Code	Discharge Date (if applicable) otherwise Length of Stay will be based on Medical Necessity	Additional Diagnosis Code
(CPT/HCPCS) (Modifier)	(CPT/HCPCS) (Modifier)	(MMDDYYYY)	(ICD-10)

***INPATIENT SERVICE TYPE**

(Enter the Service type number in the boxes)

- | | |
|--|------------------------------|
| 490 Boarder Baby | 414 Premature/False Labor |
| 220 Comprehensive Inpatient Rehab Facility | 402 Skilled Nursing Facility |
| 779 C-Section | 492 Sub Acute |
| 479 Inpatient Rehab Hospital | 411 Surgical |
| 121 Long Term Acute Care | 209 Transplant Surgery |
| 970 Medical | 720 Vaginal Delivery |
| 300 Neonate | |

**ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.**

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered benefit and medically necessary with prior authorization as per Ambetter policy and procedures.

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